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Substitute for form 1449A/PTO		<b>COMPLETE IF KNOWN</b>	
<b>INFORMATION DISCLOSURE</b>		Application Number	To be Assigned
<b>STATEMENT BY APPLICANT</b>		10/575790	
<i>(use as many sheets as necessary)</i>		Filing Date	
		First Named Inventor	
		Group Art Unit	
		Examiner Name	
Sheet	1	of	2
		Attorney Docket Number	21419YP

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**Examiner  
Signature**

/Samantha Shterengarts/

**Date  
Considered**

12/29/2008

**ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /S.S./**